Preface

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THE ASSOCIATION OF University Programs in Health Administration (AUPHA) was created in 1948 as a component of a carefully thought-out and crafted social intervention. The objective of the W.K. Kellogg Foundation was to improve the performance of hospitals. A central strategy was to build the professionalism and competencies of their administrators. It was an extraordinarily successful demonstration of the ability of a private foundation to bring change by focusing resources and leadership on a problem that affected the quality of life.

The need for action following World War II had been recognized by Kellogg and a couple of other foundations by supporting graduate programs in hospital administration. These were fragile experimental ventures, dependent on the leadership of a few individuals who had status in hospital administration practice but who mostly lacked academic credentials; the programs had small, mainly part-time faculties and were situated in schools that were less than enthusiastic supporters. It was to the programs' advantage that the initiative coincided with the period when universities were confronting the need to integrate problem-centered education with discipline-based organizations.

When the program leaders formed their association, they drew on their experiences as participants in professional organizations. The objective was to have a place for collegial interaction and shared experience, and to provide a base for program representation and recognition by the two dominant hospital organizations, the American College of Hospital Administrators (later American College of Healthcare Executives) and the American Hospital Association. They gradually added academic development activities and even a process for setting and applying standards for membership in the club.

As the investor in most of the programs, Kellogg, in the person of Andrew Pattullo, was an interested participant observer of these activities. After about 15 years, he felt that the point had been made. The programs had survived and grown, new

programs were attracting good students, the ranks of academically qualified faculty were increasing, and the graduates were getting the intended jobs. He concluded that the return on investment should be considerably greater. However, what had not developed was a vison of how the programs, through the association, should and could make a more consequential contribution to the growth of the academic enterprise and to the performance of the delivery system. Obliquely, he invited a proposal for a more ambitious agenda. All that follows in this story flows from that decision and the support that followed.

The agenda had two objectives: strengthen the core curricula and provide the organizational capacity to support that effort. Many faculty members were involved in the development of the programmatic response to the opportunity, which generated a vision and the organizing concept that was to define the culture of AUPHA for at least the next 30 years.

AUPHA was defined as an academic consortium, owned by and for the programs and their faculties. The mission was to provide leadership through a collegial platform that responded to the needs and interests of the programs and faculties. It was to foster program and faculty growth by creative opportunism. It was to be distinctly different from the trade associations of other health professions programs and schools.

Organizations are organisms that evolve in response to changing leadership, their environment, opportunities, constituents, competition, and resources. I suggest that these are appropriate lenses through which to view the evolution of AUPHA from its youth to middle age. The six strategic objectives that emerged in the first decade and determined the association's programmatic priorities were the following:

1. Promote the visibility and stature of the programs and the faculties on the campus and in the broader academic, professional, and donor communities. Gain a seat for the profession at relevant policy tables.
2. Provide opportunities for faculty members from many disciplines to contribute to and to benefit from participation. Build broad faculty ownership beyond program directors.
3. Establish an academic infrastructure to include a recognized accreditation program to achieve eligibility for federal support, establish a peer-reviewed journal to stimulate education research, and expand teaching resources and publishing opportunities by establishing a publishing venture.
4. Support faculty participation in health services research.
5. Develop a recruitment program to expand the pool of high-potential students. Expand diversity in the field.
6. Enhance employer and practitioner recognition of the value added to the field by the graduates and the programs.

These priorities, refined and implemented in the early years, provide benchmarks against which to view the organization's subsequent development. As I assess their sustainability, clearly a persistent challenge has been how to capitalize on the strength of AUPHA's unique mix of program settings and faculty disciplines. All things considered, it has done quite well.

All that AUPHA has accomplished and will accomplish is the result of the commitment to the mission by many faculty members and the staff. In the context of this history, it is important to note the extraordinary interest, support, time, and energy contributed in the beginning by visionary leaders in the field: Andrew Pattullo (W.K. Kellogg Foundation), George Bugbee (University of Chicago), Ray E. Brown (University of Chicago and Duke University), and John D. Thompson (Yale University). They were companions on the journey.

Asked to describe the orchestra, legendary composer and conductor Ernst von Dohnányi replied, "A great orchestra is greater than the sum of each member bringing his brick." AUPHA's story is the history of hundreds of faculty members and friends bringing their bricks.

As inscribed on the entrance to
the National Archives of the United States:

"What Is Past Is Prologue"